U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 5420	2. Fiscal Year Covered From:	
The range of the same of the s	7205 Through: 72/31/2005	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name MARIO V TERIAN	Name Sheer MOTAL Workers Local 105	
	Labor Organization File Number 547-616	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 2120 AUTO Centre Dr.	Street 2120 Auto Centre Dr.	
City [Glendora]	city Glendora	
State (A. ZIP Code + 4 (91740)	State CA. ZIP Code + 4 RT40	
5. Position in labor organization. Business Representative		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Si	On 5-1406 909 305-2800 Telephone Number	

Form LM-30 (2003)

Name of Person Filing	File Number U- 5	12-616	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade патле, if any).	9. Business deals with:		
Name	formed to the		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street	(Aug) C. Employer		
Caty : 1 전 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name		10 m	
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.	The state of the s	
State Z ZIP Code + 4 Zector Profile			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.		
(including trade name, if any).	Exbense incide	mai to	
Name Union Cabor Life Irrivaince Co.	westend mith	MUEST MENT	
Trade Name, if any:	w Aucory.		
P.O. Box, Bldg., Room No., if any		· .	
Street UZ9 Santa Monica Bl. Ste 620			
city Santa Monica		# ***	
State CA, ZIP Code + 4 90401		NAMES AND ASSOCIATION ASSOCIATION AND ASSOCIATION ASSO	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$365.96	



Sheet Metal Workers' International Association

Local Union 105

2120 Auto Centre Drive • Glendora, CA 91740 • (909) 305-2800 • FAX (909) 305-2822 Website: www.local105.org • E-Mail: smwia@local105.org

Roy A. Ringwood

Business Manager/ President

Mario V. Teran

Financial Secretary-Treasurer/ Recording Secretary

Bradley J. Rooker

Vice President/ Business Representative

Business Representatives

Francisco Magaña

Richard Marquez

Luther Medina

Eddle Montes

James Odom

Michael Pelliccino

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Bakersfield Office

Ken Rooker

Business Representative

601 Eureka Street Bakersfield, CA 93305

(661) 323-4461 FAX: (661) 323-3286 May 15, 2006

Standard Mail Delivery & Certified Mail #: 7002 3150 0004 5129 0816

United States Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue N.W., Room N5616 Washington, DC 20210

Re: LM-30 Report, 2005

The information contained in the enclosed LM-30 Report is based on my best effort to make a good faith reconstruction of events occurring in 2005. If I subsequently recall any additional reportable details, I will prepare and file an amended LM-30 Report.

Sincerely,

Mario Teran Financial Secretary-Treasurer/ Recording Secretary

RAR:imb/DOL.LM.30.05 opeiu #537/afl-cio-clc